

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-28-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 99213.

### II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-30-02	99213-25	\$48.00	\$0.00	N	\$48.00	Evaluation & Management GR (VI)	Documentation does not support level of service billed; therefore, no reimbursement is recommended.

### III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 99213-25.

The above Findings, Decision is hereby issued this 04th day of March 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division